



**EMPLOYMENT APPLICATION  
(PART A)**

Date: \_\_\_\_\_

**I. PERSONAL HISTORY**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you a resident of New Jersey: ( ) Yes ( ) No

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Complete address to which you wish mail sent:  
\_\_\_\_\_  
\_\_\_\_\_

Position Sought: \_\_\_\_\_

If applying for Assistant Prosecutor position, date admitted into the New Jersey State Bar: \_\_\_\_\_

Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation? ( ) Yes ( ) No

If "No" please explain: \_\_\_\_\_

Salary or rate of pay expected: \_\_\_\_\_

Where did you learn of this position?  Newspaper  Online  Other

Are you legally eligible for employment in the United States?  Yes  No

Have you ever been arrested:  Yes  No

Have you ever been convicted of a crime, which has not been expunged or sealed by the court?  Yes  No

## II. RECORD OF EDUCATION

Year of High School graduation? \_\_\_\_\_

Name and location of High School? City and State:

\_\_\_\_\_

College	Dates Attended	Degree & Major*	# Credits Completed

Graduate or Law School / Dates Attended / Degree and Major\*

\_\_\_\_\_

Number of Credits Completed

\_\_\_\_\_

Other schools or training (for example: vocational, trade, armed forces or business). Give names and location (City, State).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors, awards and fellowships received:

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\*If you expect to graduate within the next nine months, give month and year you expect to obtain your degree.

**III. EMPLOYMENT EXPERIENCE**

List all prior employment. Start with your present position and work back. Account for periods of unemployment in separate blocks in order.

Please indicate by checking box on left if you do NOT wish inquiry be made of your present employer regarding your character, qualifications and record of employment, and please explain under "Reason for Leaving".

(1)

Date of Employment From _____ to Present	Exact Title of Position:
Salary Earnings Starting \$ _____ per Present \$ _____ per	Average Hours per week:
Place of Employment: City: State:	Number of Employees Supervised:
Type of Business or Organization:	Name of Immediate Supervisor:
Name and Address of Employer:	Area Code and Phone Number:
Reason for Leaving:	
Description of Duties, Responsibilities and Accomplishments:	

(2)

Date of Employment From _____ to _____	Exact Title of Position:
Salary Earnings Starting \$ _____ per Present \$ _____ per	Average Hours per week:
Place of Employment: City: State:	Number of Employees Supervised:
Type of Business or Organization:	Name of Immediate Supervisor:

Name and Address of Employer:	Area Code and Phone Number:
Reason for Leaving:	
Description of Duties, Responsibilities and Accomplishments:	

(3)

Date of Employment From _____ to _____	Exact Title of Position:
Salary Earnings Starting \$            per Present \$            per	Average Hours per week:
Place of Employment: City: State:	Number of Employees Supervised:
Type of Business or Organization:	Name of Immediate Supervisor:
Name and Address of Employer:	Area Code and Phone Number:
Reason for Leaving:	
Description of Duties, Responsibilities and Accomplishments:	

(4)

Date of Employment From _____ to _____	Exact Title of Position:
Salary Earnings Starting \$            per Present \$            per	Average Hours per week:
Place of Employment: City: State:	Number of Employees Supervised:
Type of Business or Organization:	Name of Immediate Supervisor:
Name and Address of Employer:	Area Code and Phone Number:
Reason for Leaving:	

Description of Duties, Responsibilities and Accomplishments:

(5)

Date of Employment From _____ to _____	Exact Title of Position:
Salary Earnings Starting \$ _____ per Present \$ _____ per	Average Hours per week:
Place of Employment: City: State:	Number of Employees Supervised:
Type of Business or Organization:	Name of Immediate Supervisor:
Name and Address of Employer:	Area Code and Phone Number:
Reason for Leaving:	
Description of Duties, Responsibilities and Accomplishments:	

Other employment (use additional sheets of paper if necessary)

Kind of license or certificate (for example, lawyer, paralegal, CPA, etc.)

State or other licensing authority \_\_\_\_\_

Year of first license or certificate \_\_\_\_\_

Please use this space to give additional information concerning your experience, education, computer skills or qualification.

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#### IV. REFERENCES

List three persons who are not related to you and who have knowledge of your qualifications for the position for which you are applying. Do Not repeat names of supervisors previously listed under employment experience.

(1)

Full Name:	Occupation:
Present Home or Business Address:	
Telephone No.:	Name of Years Known:

(2)

Full Name:	Occupation:
Present Home or Business Address:	
Telephone No.:	Name of Years Known:

(3)

Full Name:	Occupation:
Present Home or Business Address:	
Telephone No.:	Name of Years Known:

#### V. EQUAL OPPORTUNITY EMPLOYER:

The County of Somerset is an equal opportunity employer. Federal and State legislation and County policy prohibit discrimination because of age, race, creed, color, national origin, ancestry, marital status, civil union status, domestic partnership status, sex, gender identity or expression, genetic information, atypical hereditary cellular or blood trait, nationality, affectional or sexual orientation, liability for military service or disability, subject to conditions and limitations applicable alike to all persons.

## VI. CERTIFICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I also recognize that any intentional false statements or omissions will be automatic grounds for dismissal. I understand that no representative of the County of Somerset or the Somerset County Prosecutor's Office has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing, and that any such agreement to be enforceable, must be in writing and signed and approved by the County Prosecutor of Somerset County. Further, I authorize the Somerset County Prosecutor's Office to verify any and all information contained herein, and to review my criminal and driving history, military, school and disciplinary records from any source.

I hereby certify that all information in this application and all documents attached are true and valid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please complete Employment Application (Part A) and submit to:

Somerset County Prosecutor's Office  
Attention: Thomas White, Administrator  
PO Box 3000  
Somerville, New Jersey 08876